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## APPLICANTS

Philip Scanlan, Las Vegas, NV;

\*\* CONTINUING DATA \*\*\*\*\*

None o/c

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None o/c

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NV	SHEETS DRAWING 5	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials <u>AMP</u>				

## ADDRESS

52396  
MORISHITA LAW FIRM, LLC  
3800 HOWARD HUGHES PARKWAY  
SUITE 850  
LAS VEGAS , NV  
89109

## TITLE

Seamless translation system

FILING FEE  RECEIVED 417	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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